

Training of Hospital Pharmacy Residents in strategies that improves patient safety in primary care

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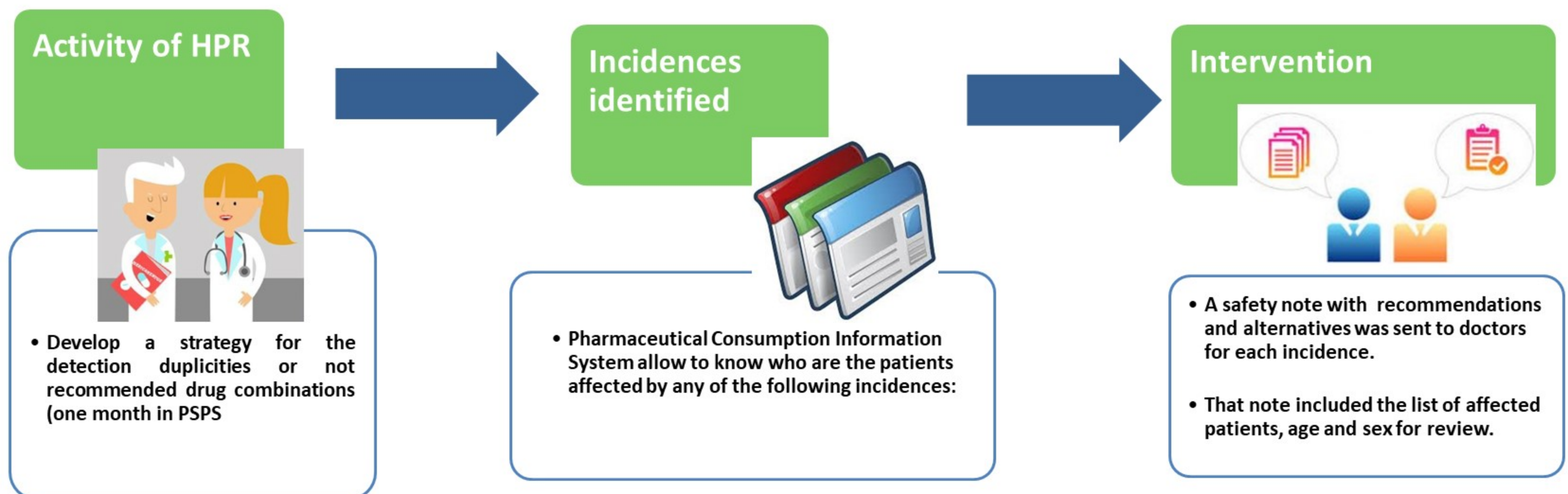
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One of the activities of the Primary Care Pharmacy Service (PCPS) is to detect prescriptions of incorrect drugs and communicate them to each doctor to decide if they are avoidable or required.

Purpose

To beef up an active participation of hospital pharmacy residents (HPR) during their stage by a PCPS and training activities that improve patient safety.

Material y Métodos



Results

627 patients were reported (mean age: 76.2 ± 9.4 years, 54.3% women).

A- Combination of ACE inhibitors / ARA II / aliskiren

368 (58.7%) had prescribed a combination of drugs acting on the renin-angiotensin system, increasing the risk of hyperkalemia, hypotension and renal failure.

B- combination of alpha1-blockers

63 (10.0%) patients received at least two alpha1-blockers with the consequent risk of postural hypotension, dizziness, syncope, headache or priapism.

C- use of non-selective beta blockers in asthma / COPD or diabetes

153 (24.4%) patients with asthma or COPD and 43 (6.9%) with diabetes received treatment with a non-selective beta-blocker, which may increase airway resistance or worsen glycemic control and / or mask hypoglycemic symptoms, respectively.

Conclusiones

The collaboration of HPR in strategies that improve the safety in the prescription of medicines is an activity included in their formative program in PC, that also allows to detect combinations of drugs with risk of iatrogenia effect to patients.